ARIZONA DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF DEVELOPMENTAL DISABILITIES
QUALITY MANAGEMENT UNIT

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Corrective Action Plan (CAP) vs. Process Improvement Plan (PIP)

The Division's Quality Management Unit would like to clarify the difference between two methods of addressing quality concerns. The term "Corrective Action Plan" has, unfortunately, become a term used freely by us all to refer to any steps taken to resolve an issue. Actually, a Corrective Action Plan is meant to be a more formal process, as described below. The Division is becoming more diligent about using these terms correctly.

A Corrective Action Plan is requested by the Division from a Qualified Vendor to meet contract compliance when:

1. Program Monitoring rule violations are noted.
2. A Letter of Concern is issued.
3. A Notice to Cure is issued.
4. Contract violations are noted.
5. Licensure violations are noted.
6. The need for policy or procedure revisions is anticipated. For example, incident report trends, which affect the health and safety of consumers, are noted and suggest the need for evaluation of larger agency-wide issues.

A Corrective Action Plan ensures steps are taken to:

- Identify the processes currently in place contributing to the problem,
- Remediate the problem/revise the processes, and
- Contribute to continuous quality improvement and improved outcomes over time. Specifically, a Corrective Action Plan should outline each step to be taken (or already taken) by the Qualified Vendor to obtain immediate resolution, as well as the processes for the review of potential underlying agency-wide issues.

A Corrective Action Plan should include timeframes for completion and indicate the responsible party involved in each activity. A Corrective Action Plan should be monitored to completion and identified systemic issues should be addressed.

A Process Improvement Plan is requested by the Division from a Qualified Vendor when:

1. An outcome of an incident, investigation or fact-finding review warrants resolution.
2. A complaint received by the Division warrants resolution.

A Process Improvement Plan should outline steps taken by the Qualified Vendor to obtain resolution of the identified incident or complaint and address future individualized risk management concerns. A Process Improvement Plan will typically be requested **when systemic changes are not felt to be necessary**. The incident or complaint is **believed to be an isolated occurrence** and not secondary to larger agency issues. A Process Improvement Plan may also be outlined by a Qualified Vendor upon completion of an internal fact-finding or investigation conducted by the Vendor agency.

Inside this issue:

Welcome

Written by the Division of Developmental Disabilities / Quality Management Unit for Qualified Vendor provider agencies, this bulletin addresses quality management and program monitoring topics.

Please share with staff. Additional copies can be printed from www.azdes.gov/ddd

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Arizona Department of Economic Security
Quality Service, Organizational Pride, Client Self-Sufficiency

DDD

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Home and Community-Based Services (HCBS) Quality Framework

The Division's Quality Management Unit will soon begin working more closely with Qualified Vendors to assess their internal quality management plans. The backbone of this process will include the Home and Community-Based Services Quality Framework, as developed by the Centers for Medicare and Medicaid Services (CMS). This Framework was introduced in previous editions of The Monitor and additional information about one of the focus areas, "Participant-Centered Service Planning and Delivery," has been previously described. A copy of the Framework can be found at **www.cms.hhs.gov/medicaid/waivers/quality.asp** (click on "Quality Framework" and then click on "The Framework").

Another important focus area highlighted in the Framework and an integral component of an agency's successful quality management program is **"Provider Capacity and Capabilities."** The **desired outcome** for this focus area is *"There are sufficient Home and Community-Based Services providers and they possess and demonstrate the capability to effectively serve participants."* Sub-domains included in this focus area include:

1) Provider Networks and Availability
   Desired outcome: There are sufficient qualified agency and individual providers to meet the needs of participants in their communities.
2) Provider Qualifications
   Desired outcome: All Home and Community-Based Services agency and individual providers possess the requisite skills, competencies and qualifications to support participants effectively.
3) Provider Performance
   Desired outcome: All Home and Community-Based Services providers demonstrate the ability to provide services and supports in an effective and efficient manner consistent with the individual's plan.

The Division considers an agency's efforts around recruitment, training, recertification needs, and provision of back-up staff when indicated to apply to this particular focus area. Evaluation of staff performance and recognition of exceptional performance could also be included in this section. Provider agencies are encouraged to assess their current internal quality management systems as they relate to the Focus Area of Provider Capacity and Capabilities.

Storage of Medications – How to Stay Compliant

Arizona Administrative Code, Rule 6-6-806.I - Storage of Medications is one of the most frequent rules found out of compliance during Monitoring Reviews. Below are the four components of the rule (the actual rule is bolded) and what it takes to be in compliance:

The licensee shall store medications in the following manner:

1. **Under sanitary conditions;**

   For compliance: Liquid medication containers must not have any residual residue. This can be prevented by wiping off the container after each dose is administered. Containers must be stored upright to prevent leaks.

   Pill/tablet medication containers should be clean of contaminants. Contamination should be cleaned off when it occurs.

   Boxes, baskets and other receptacles holding an individual's medications must be free of dust, germs and any other contaminants. Periodic cleaning is a must.

2. **Consistent with label instructions;**

   For compliance: Medications must be stored per storage instructions, such as storing at a specific temperature, out of direct sunlight or without exposure to high temperatures.

3. **In containers with legible and accurate labels which specify the name of the client for whom the medication is prescribed and the current dosage; and**

   For compliance: Prescription labels must be accurate. If the label is inaccurate this needs to be corrected when prescriptions are picked up at the pharmacy.

   Prescriptions not stored in original pharmacy containers, such as in a med minder, must have the medication instructions transferred to the new container. The instructions must include: name of the individual who will receive the medication, the name of the medication, the frequency of the administration of the medication, the prescribed dosage and the route of administration.

4. **In locked storage, unless otherwise specified in the client's ISP.**

   For compliance: Medications must be in locked storage when not being dispensed. Keeping medications unlocked for any reason between adminstrations, even if there has never been an issue with unlocked medications, indicates out of compliance.